

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 12995

FILED APR 8 1953

BIRTH NO.		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6171		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY <u>Stone - Salina Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Ponce-De-Leon</u>		c. LENGTH OF STAY (In this place) <u>Entire life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Ponce-De-Leon</u>		d. STREET ADDRESS (If rural, give location) <u>1040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Bailey</u>		4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>29</u> (Year) <u>53</u>	
5. SEX <u>M</u>		6. COLOR OF RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>unmarried</u>		8. DATE OF BIRTH <u>Dec 31 - 1871</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>2</u> DAYS <u>29</u>		9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>2</u> DAYS <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stone Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>George</u>		13b. MOTHER'S MAIDEN NAME <u>Synthia Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Bailey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Bailey</u> ADDRESS <u>Salina Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day - 10 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1944 to 25 Feb, 1953</u> , that I last saw the deceased alive on <u>1944</u> , 19 <u>53</u> , and that death occurred at <u>9 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold Bailey</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Salina Mo.</u>		23c. DATE SIGNED <u>30 Mar 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 31 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ponce-De-Leon</u>		24d. LOCATION (City, town, or county) (State) <u>Salina Mo - B-2</u>	
DATE REC'D BY LOCAL REG. <u>March 30 - 53</u>		REGISTRAR'S SIGNATURE <u>Mr. J. Elmer Bussan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u>		ADDRESS <u>Salina Mo.</u>	

Per Lena Murray

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Everett Cheatham

Licensed Embalmer No. *3870*

P. O. Address *Galena Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.